

Bart L Graham Commissioner

Georgia Department of Revenue

Compliance Division
Rome Regional Office
1401 Dean Street, Suite E
P O Box 6004
Rome, GA 30161-6004

Edward M. Many Director

MISCELLANEOUS EVENTS

VENDOR	
ADDRESS	
NAME OF EVENT	DATE OF EVENT

INSTRUCTIONS FOR VENDOR:

- 1) Complete vendor name, address and name of event information.
- 2) Report the amount of taxable sales (even if zero sales).
- 3) Collect Georgia Sales Tax at the rate that applies to the county in which the event is held.
- 4) Report the amount of sales tax collected.
- 5) Pay to the GEORGIA DEPARTMENT OF REVENUE, by check or money order, the amount of sales tax collected.
- 6) If you are registered with the STATE OF GEORGIA for SALES AND USE TAX and will include these sales on your regular form, please provide tax number: __ _ _ -- _ _ _ _ _ _ _ _ _ _ .

						COUNTY		TAX RATE	
4% BRACKET		5% BRACKET		6% BRACKET		7% BRACKET		8% BRACKET	
Amount of Sale	Tax	Amount of Sal	e Tax						
.0112	No tax	.0109	No tax	.0108	No tax	.0107	No tax	.0106	No tax
.1337	.01	.1029	.01	.0924	.01	.0821	.01	.0718	.01
.3862	.02	.3049	.02	.2541	.02	.2235	.02	.1931	.02
.6387	.03	.5069	.03	.4258	.03	.3649	.03	.3243	.03
.88 – 1.00	.04	.7089	.04	.5974	.04	.5064	.04	.4456	.04
		.90 -1.00	.05	.7591	.05	.6578	.05	.5768	.05
				.92 - 1.00	.06	.7992	.06	.6981	.06
						.93 - 1.00	.07	.8293	.07
								.94 - 1.00	.08

	TAXABLE SALES		TAX COLLECTED	
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AT THE CLOSE OF THE EVENT, THIS FORM WITH TAX COLLECTED SHOULD BE:

[] Returned to the Revenue Agent on duty [] Mailed within 3 days following close of event (ENVELOPE PROVIDED)

Should you have any questions, please contact:	uestions, please contact: FOR REVENUE USE ONLY	
	I.D. NUMBER	-00000-
	CHECK NAME	
	STATE TAX	
	MARTA	
	LOCAL OPTION	
NOVELLA SPAKE	OTHER LOCAL OPTION	
Authorized Agent for State Revenue Commissioner	SPECIAL	
	EDUCATIONAL	
TELEPHONE NUMBER: 706-295-6676 Fax: 706-295-6744	HOMESTEAD	
DATE:	TOTAL TAX	